

U.S. Department of Health and Human Services  
National Institutes of Health

## NIH Undergraduate Scholarship Program Applicant Information

### Applicant's Instructions

Please complete all sections of this form, and return it with your signed contract (NIH 2762-4) in the large white prepaid envelope. Do not fold application or contract. See reverse for detailed instructions.

➤ Send this application package to the National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Ave., Room 604, Bethesda, Maryland 20892-9121. If you have any questions, please call 1-800-528-7689

**1. Applicant's Name** (Last, first, middle)

**2. Telephone Numbers** (include area codes)

Daytime ( ) \_\_\_\_\_

Evening ( ) \_\_\_\_\_

### 3. Mailing Address

Street/P.O. Box \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Country \_\_\_\_\_ ZIP Code \_\_\_\_\_

E-mail \_\_\_\_\_

**4. Social Security Number** (Providing your Social Security Number (SSN) is voluntary. However, it is necessary for processing your application. Your SSN is required to identify applicants who are selected for UGSP contracts to the U.S. Dept. of Treasury, Internal Revenue Service, for payment of Federal income tax on UGSP funds paid to you and to your undergraduate institution. See Privacy Act information in this package. Your SSN is used for identification purposes only. If you do not provide your SSN, we cannot process your application.)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### 5. Citizenship

Are you a: U.S. Citizen ☐ Yes ☐ No  
or a Permanent Resident ☐ Yes ☐ No  
or a National ☐ Yes ☐ No  
If no, give country of citizenship

### 6. College/University Enrollment

Are you currently enrolled full-time or accepted for full-time enrollment in an accredited post-secondary institution? ☐ Yes ☐ No

#### 6a. Name of College/University

\_\_\_\_\_

#### 6b. Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6c. What will your grade level be at the beginning of the 1998-99 academic year (September 1998)?**

- ☐ Freshman  
☐ Sophomore  
☐ Junior  
☐ Senior  
☐ Other (please explain)

### 7. Certification of Nondelinquent Status

The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants of the NIH Undergraduate Scholarship Program must certify that they do not have a judgment lien against their property arising from a debt to the United States.

**I hereby certify** that I ☐ [do ☐] [do not ☐] have a judgment lien against my property arising from a debt to the United States.

**I hereby certify** that I ☐ [am ☐] [am not ☐] delinquent on any debt to the United States.

### 8. Certification

I certify that information given in this application (including any personal statements) is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded scholarship benefits, that I am liable for return of all awarded funds and, further, that any false statement may be punishable as a felony under U.S. Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.

**Signature** (Sign your full name in ink).

**Date**

➤

I authorize the program(s) indicated in Section 6 to release information about my academic, financial, service, and any other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six months after completion of all UGSP requirements.

**Signature** (Sign your full name in ink).

**Date**

➤

## NIH Undergraduate Scholarship Program Applicant Information *(continued)*

*Please answer the questions below in the space provided.*

**9.** What person or event has been most influential in the development of your science career? (You should describe a person or situation that propelled you toward your career path.)

**10.** Discuss your specific interest in pursuing a career in biomedical research and your academic and career goals. Describe how the UGSP would help you to attain your goals.

**11.** In responding to the following questions be sure to *only* include those activities and awards that are relevant to your interest in science and biomedical research.

*a. List extracurricular activities in which you have participated in the past or are participating in currently. (For example - science fairs, science clubs, internships, community service, hobbies.)*

*b. List special recognitions, scholastic awards and honors, and any scholarships you have received.*

*c. List any activities, whether voluntary or paid positions, that demonstrate involvement with and/or commitment to biomedical research which you participated in during the school year or summer.*

## NIH Undergraduate Scholarship Program

### Applicant Information *(continued)*

12. How would you evaluate and describe your aptitude in relation to the characteristics listed below? In responding, give specific examples of science-related projects which demonstrate your aptitude in the following:

a. *Initiative*

b. *Work habits*

c. *Curiosity*

d. *Creativity in problem-solving*

e. *Ability to work as a member of a team*

f. *Leadership skills (Include elected or other positions you have held or projects you have initiated.)*

**NIH Undergraduate Scholarship Program**  
**Applicant Information** *(continued)*

**INSTRUCTIONS FOR APPLICANT INFORMATION FORM NIH 2762-1**

**Official Transcript**

You must request that your academic institution send one official transcript, which includes the school's seal or official stamp, to the UGSP. The transcript should be sent to the National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Avenue, Room 604, Bethesda, Maryland 20892-9121

**Contract (Form NIH 2762-4)**

Please review this document carefully. By signing the contract you are agreeing to serve at the NIH, and if you change your mind once you have accepted a scholarship you may incur substantial penalties. We suggest you review the contract with your guidance counselor, financial aid advisor, and/or parents/guardians.

**Certification (Number 8 on Form NIH 2762-1)**

Your application cannot be considered unless this Certification is signed and dated. Please read it carefully.

**Questions 9-12 (Form NIH 2762-1)**

Your answers to the questions must be typed. Please limit your answers to the space provided. Responses which exceed the space limitation will not be considered.

U.S. Department of Health and Human Services  
National Institutes of Health

## NIH Undergraduate Scholarship Program

### Applicant Information: Recommendation

#### Applicant's Instructions:

Please complete Section A. Give this form and one of the envelopes provided to three individuals who can assess your academic, scientific, and other relevant skills and abilities.

#### Recommender's Instructions:

Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 7550 Wisconsin Ave., Room 604, Bethesda, Maryland 20892-9121. If you have any questions, please call 1-800-528-7689.

#### Section A -- The applicant completes this section.

1. **Applicant's Name** (last, first, middle) Please print.

**2. Applicant's Certification** I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Undergraduate Scholarship Program (UGSP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in the UGSP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH UGSP according to the Privacy Act System of Records 09-25-0165 (see Assurance of Confidentiality and Privacy Act Notice in this application package). **I understand that by signing below, I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form and in accordance with Section 552a(k)(5) of the Privacy Act of 1974.**

**Applicant's Signature** (sign your full name in ink).

**Date**

#### Section B -- The recommender completes this section.

**Please note** that the information provided in this section **shall be held in confidence and protected from disclosure** by the officials of the NIH Scholarship Program according to the Privacy Act System of Records 09-25-0165 only if the applicant's signature appears above (see Assurance of Confidentiality and Privacy Act Notice in this application package).

1. **Name and Title of Recommender**

2. **Name of Organization, Mailing Address, Telephone and E-Mail**

3. **How long have you known this applicant and in what capacity?**

4. Please assess the applicant in the categories below based on your relationship and familiarity with the applicant compared to other students in the same class year.	Outstanding Among the Top 1%	Excellent Among the Top 5%	Good Among the Top 33⅓%	Average Among the Top 50%	Below Average Below the Top 50%	N/A No basis for Judgment
Interest in science						
Ability to complete projects accurately and timely						
Writing skills						
Analytical problem-solving skills						
Oral communication skills						
Rapport with peers						
Rapport with faculty or supervisor						
Ability to adapt to new situations						
Initiative						
Curiosity						
Creativity						
Observation skills						

5. Please assess the applicant's potential for a career in biomedical research and share any observations and inferences that would be useful in predicting this applicant's potential to become a biomedical researcher. For example, your comments may include your assessment of some of the following attributes: scientific aptitude, creativity, curiosity, initiative, work habits, and peer relationships.

6. The UGSP scholars will be required to fulfill two service obligations: (1) During the academic year of scholarship receipt, the UGSP scholars will be required to work as NIH employees in the NIH research laboratories for 10 consecutive weeks during the months of June, July, and August. (2) Upon graduation (unless a deferment is granted by the UGSP) scholars are required to begin their service obligation. UGSP scholars incur 1 year of obligated service for each full or partial year of support and are obligated to serve as full-time NIH employees in an NIH research laboratory to fulfill this service obligation. (The maximum service obligation is 4 years.)

**Do you have any reason to believe that the applicant may NOT satisfy either of these service requirements? If so, please explain.**



Academic  
Year  
1998-99

# NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds

## APPLICATION CHECKLIST

Please use this checklist to make sure all parts of your application are completed. This checklist must be submitted with your application and mailed to:

National Institutes of Health  
Office of Loan Repayment and Scholarship  
7550 Wisconsin Avenue, Room 604  
Bethesda, Maryland 20892-9121

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

- ☐ Official transcript. A transcript was requested on \_\_\_\_\_.
- ☐ Letter of acceptance (for those entering a college or university for the 1998-99 academic year).
- ☐ Applicant information form.
- ☐ Undergraduate institution certification form. The applicant should fill out Section A. The form was given to the following representative of the undergraduate institution:

Name and Title: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

- ☐ Applicant recommendation forms. The applicant should fill out Section A of each form. The following persons have been asked to submit recommendations:

1. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

- ☐ Contract

**NATIONAL INSTITUTES OF HEALTH  
UNDERGRADUATE SCHOLARSHIP PROGRAM FOR  
INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS  
SCHOOL YEAR [ - ]**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
OFFICE OF LOAN REPAYMENT  
AND SCHOLARSHIP**

Section 487D of the Public Health Service Act ("Act") (42 U.S.C. 288-4) authorizes the Secretary of the Department of Health and Human Services ("Secretary"), acting through the Director of the National Institutes of Health (NIH), to provide individuals selected to be participants in the NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds ("UGSP") with scholarships. In return for these scholarships, applicants must agree to: (a) serve full time as an NIH employee, for a period of 12 months for each academic year of scholarship assistance, and (b) serve full time as an NIH employee for 10 consecutive weeks of each year during which the individual received a scholarship.

The scholarship may consist of payments, in whole or in part, for tuition, and an amount for all other reasonable educational expenses incurred by the student, as determined by the Secretary, and a monthly stipend for up to a 9-month period beginning with the first month of each school year in which the applicant is a participant in the UGSP, the total not to exceed \$20,000 per academic year.

Section 487D of the Act requires applicants to submit with their application such agreements as the Director of NIH determines to be necessary. This contract is one of those agreements. The Director of NIH shall sign only those contracts submitted by applicants who are selected for participation ("Participant"). The terms and conditions for participating in the UGSP for the [ - ] school year are set forth below.

**Section A - Obligations of the Secretary**

Subject to the availability of funds appropriated by the U.S. Congress, the Secretary agrees to:

1. Provide the participant with a scholarship for the school year [ - ] if the participant:
  - a. Is enrolled, or is accepted for enrollment, as a full-time student in an accredited (as determined by the Secretary) educational institution in one of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Guam, or American Samoa, and
  - b. Is pursuing an approved program of study for the academic year appropriate for a career in a profession determined to be needed by the NIH.
2. If applicable, enter into a contract with the participant's educational institution under which the amounts provided in the scholarship for tuition and other reasonable educational and living expenses are paid directly to the educational institution.
3. Once the UGSP contract is signed by both parties, the Secretary shall obligate such funds as will be necessary to ensure that sufficient funds will be available to award a scholarship in an amount not to exceed \$20,000.
4. If applicable, the NIH will provide employment of at least 10 consecutive weeks during each scholarship year.

**Section B - Obligations of the Participant**

The participant agrees to:

1. Maintain full-time enrollment until completion of the undergraduate course of study for which the scholarship is provided.
2. Maintain an acceptable level of academic standing, as determined by the academic institution in accordance with regulations issued by the Secretary, in each academic year for which a scholarship is provided.

3. Submit to the Secretary, for approval, a course listing for the academic year.
4. Obtain approval from the Secretary before altering the approved course listing.
5. a. Serve full time, as an NIH employee for 10 consecutive weeks during each scholarship year.
- b. Serve 1 year of service, in a manner to be determined by the Secretary, as a full-time NIH employee for each year of scholarship assistance;
  - (i) Such service will begin within 60 days of obtaining the undergraduate educational degree involved unless deferred by the NIH Director. If a deferral is granted, service will begin upon expiration of the deferral period.
6. Comply with the policies of the UGSP and the provisions of Title 42, Code of Federal Regulations, Part 62.

**Section C - Breach of Scholarship Contract**

1. A participant who has entered into a written contract with the Secretary and who-
  - a. fails to maintain an acceptable level of academic standing in the approved course of study for which the scholarship is awarded; or
  - b. is dismissed from the educational institution for academic or disciplinary reasons; or
  - c. voluntarily terminates such enrollment or is dismissed from such educational institution before completion of such course of study; in lieu of any service obligation arising under such contract shall be liable to the United States for the amount that has been paid on behalf of the participant under the contract.
2. After completing the undergraduate degree program for which the scholarship was awarded, in accordance with the guidelines of the UGSP, if the participant fails to either begin his or her service obligation or to complete the obligation, the United States shall be entitled to recover an amount equal to the sum of-
  - a. In the case of contracts totaling a 2-year period of obligated service-
    - (i) The total of the amounts paid by the Secretary on behalf of the participant for any period of obligated service; and
    - (ii) An amount equal to the unserved obligation penalty.
  - b. In the case of contracts totaling a period of obligated service greater than 2 years, and the breach occurs before the end of the first 2 years of such period-
    - (i) The total of the amounts paid by the Secretary on behalf of the participant for any period of obligated service; and
    - (ii) An amount equal to the unserved obligation penalty.
  - c. In the case of contracts totaling a period of obligated service greater than 2 years, and the breach occurs after the first 2 years of such period-
    - (i) The total of the amounts paid by the Secretary on behalf of the participant for any period of obligated service not served; and
    - (ii) If the participant breaching the contract failed to give the Secretary notice that the participant intended a breach of the contract, at least 1 year (or such shorter time as the Secretary determines adequate for finding a replacement) prior to the breach, \$10,000.
3. For purposes of Paragraph 2, above, the term "unserved obligation penalty" means the amount equal to the product of the number of months of obligated service that were not completed by a participant, multiplied by \$1,000.00, except that in any case in which the participant fails to serve 1 year, the unserved obligation penalty shall be equal to the full period of obligated service multiplied by \$1,000.00.

Keep a copy for your records. Please sign and return the one original contract. If you receive an award, a copy of your contract, signed by a designee of the Secretary, DHHS, will be returned to you.

Keep a copy for your records. Please sign and return one original contract. If you receive an award, a copy of your contract, signed by a designee of the Secretary, DHHS, will be returned to you.

4. The amount the United States is entitled to recover shall be paid within 1 year (or such longer period beginning on such date as specified by the Secretary) of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service.
  5. If damages described in paragraph (4) above, are delinquent for 3 months, the Secretary may, for the purposes of recovering such damages-
    - a. Utilize collection agencies contracted with by the Secretary; or
    - b. enter into contracts for the recovery of such damages with collection agencies selected by the Secretary, or
    - c. collect said damages through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.
  6. Any obligation of a participant for payment of damages may be released by a discharge in bankruptcy under Title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.
2. The Secretary may waive or suspend the participant's service or payment obligation, in whole or in part, incurred under this contract if compliance by the participant with the obligation is impossible, or would involve substantial hardship; and if enforcement of such obligation would be unconscionable.
  3. The Secretary may defer performance of a participant's period of obligated service if appropriate, e.g., if the participant:
    - a. Pursues and ultimately obtains, within a reasonable period of time, as determined by the Secretary, a degree from an accredited school of medicine, osteopathy, dentistry or other school or program approved by the Secretary; or
    - b. Requests a period of deferment to complete residency or other advanced clinical training which the Secretary determines is consistent with the needs of the Department. Deferments will not be granted for postgraduate medical education conducted or sponsored by a branch of the Armed Forces of the United States.

#### Section D - Credibility of Graduate Training Toward the Period of Obligated Service

1. No period of residency will be counted toward satisfying the period of obligated service incurred under this contract.

#### Section E - Cancellation, Suspension, Deferrment and Waiver of Obligation

1. Any service or payment obligation incurred by the participant under this contract will be canceled upon the participant's death.

#### Section F - Contract Extension

1. The participant may annually request extension of this contract, for a period not to exceed 12 months, if the request is submitted in accordance with procedures established by the Secretary.
2. Subject to the availability of funds appropriated by the U.S. Congress, the Secretary may approve a request for contract extension if:
  - a. The request does not extend the total period of scholarship beyond 4 years, and
  - b. The applicant is otherwise eligible for continued participation in the UGSP.

The Secretary or his/her authorized representative must sign this contract before it becomes effective

	Applicant's Signature	Date
Secretary of Health and Human Services, or designee		Date

#### AMENDMENTS

This Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds Scholarship Contract for the [ ] school year is hereby amended by the Secretary of Health and Human Services and the participant to provide the participant with additional scholarship support for the school years indicated below, under the same terms and conditions set forth in the Scholarship Program contract for the [ ] school year except to the extent that the terms set forth in the [ ] school year contract may be subsequently amended by statute or regulation. Disbursements for each school year will begin at the start of that school year.

[ ] SCHOOL YEAR	Participant's Signature	Date	Secretary of Health and Human Services	Date
[ ] SCHOOL YEAR	Participant's Signature	Date	Secretary of Health and Human Services	Date
[ ] SCHOOL YEAR	Participant's Signature	Date	Secretary of Health and Human Services	Date